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Draft country programme document**

Syrian Arab Republic

Summary

The draft country programme document for the Syrian Arab Republic is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $4,605,000 from regular resources, subject to the availability of funds, and $1,450,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[1] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	8.3
U5MR (per 1,000 live births, 2002)	16
Underweight (%, moderate and severe, 2000)	7
Maternal mortality ratio (per 100,000 live births, 2001)	65
Primary school enrolment (% net, male/female, 2002/2003)	100/96
Primary schoolchildren reaching grade 5 (%, 2001/2002)	91
Use of improved drinking water sources (%, 2002)	79
Adult HIV prevalence rate (%, end 2003)	0.1
Child work (%, children 5-14 years old)	8
GNI per capita (US$)	1 190
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	98

[1] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. The Syrian Arab Republic has made significant gains which have contributed to improving the situation of children and women, and the country is likely to achieve the Millennium Development Goals. According to the 2004 census, the infant mortality rate (IMR) and under-five mortality rate (U5MR), respectively 17 and 19 per 1,000 live births, are lower than those of other countries in the region that have a higher gross national product.

2. The Government is committed to implementing the Convention on the Rights of the Child. Advocacy by the newly established Syrian Commission for Family Affairs led to a review of the country's reservations with regard to the Convention and a recommendation by the Republic's General Mufti to lift them, thus addressing one of the observations of the Committee on the Rights of the Child. The Government, in cooperation with civil society, also developed policy frameworks for child protection, early childhood development (ECD) and adolescents and young people.

3. In view of regional political instability and the country's developing social market-oriented economy, the Syrian Arab Republic faces serious challenges in terms of sustaining these achievements and protecting the disadvantaged, including children and women, from possible adverse effects. Although a recent study showed that the rate of poverty declined from 14 per cent in 1997 to 11 per cent, the figure remains high and underscores persistent geographic and rural/urban disparities, especially in the Northern, Eastern and Badia regions. Health services have improved in the last decade, but health indicators in those areas are lower than the national average. Approximately 30 per cent of pregnant women still do not receive prenatal care and 23 per cent do not receive post-natal care. Overall, at least 45 per cent of pregnant women deliver at home and almost 10 per cent suffer from post-partum complications. Nutrition indicators for children show that the situation among certain communities is worsening.

4. Disparities are evident in terms of water and sanitation services, with access to safe water ranging from 97 per cent in urban areas to as low as 76 per cent in rural areas. Partly as a result of internal migration, Syria's urban areas have experienced more rapid growth than the rest of the country and the country's population is becoming increasingly urban. This trend will exacerbate problems already seen in cities like Damascus and Aleppo, including the development of poor informal dwelling areas with poor sanitation conditions and weak social service delivery for vulnerable populations.

5. Overall primary-school enrolment rates are above 90 per cent, but completion rates at all levels are an area of concern. In 1993, 93 per cent of all children reached grade six, compared to 88.5 per cent in 2004. Studies indicate that school drop-out rates are influenced by economic and social choices and the quality and relevance of the curriculum. Access is an issue because many children live far from the nearest school. In addition, the gender disparity is wider in these areas, mainly because of social values and traditions.

6. The HIV/AIDS prevalence rate is low, with a total of 347 HIV-positive cases registered to date, but the estimated number of HIV-infected people is closer to 1,000 according to the Ministry of Health. However, the country is vulnerable because there is evidence of high-risk behaviour among street children, adolescents and young people, sex workers, injecting drug users and men having sex with men, compounded by high levels of hepatitis B and C infection. Other factors that may result in a high number of undetected cases are increased mobility, high unemployment, the lack of a national strategic plan, and stigma and discrimination that prevent people from being tested.

7. Almost 60 per cent of the population is now aged 15-24 years. Adolescents and young people, who already face a changing social environment resulting from increased access to new channels of communications and a difficult economic conjuncture with an overstretched job market, are likely to become more vulnerable in a context of reform.

8. Despite policy initiatives which have broken the silence on child protection issues, legislation and coordination remain weak to ensure prevention, support and rehabilitation of children subject to abuse, violence, exploitation and neglect, especially those in conflict with the law and deprived of their primary caregivers. A recent study indicated that juvenile facilities fail to provide basic services, that legal custody and trial periods are infringed and that children are subject to violence. There are no standards to promote alternative care for children in institutions and many children in vulnerable situations face social stigma. Economic reforms may also increase the current trend of child labour. Despite progressive laws raising the age of compulsory education and the minimum working age to 15 years, 10-14 years-olds make up 2 per cent of the currently employed national workforce — some 100,000 children. Important aspects of child labour, especially involving girls, are not documented, particularly housework and agricultural work.

9. Although non-governmental organizations (NGOs) are increasingly active in the social development area, the legal framework has not adjusted to the new environment and is restraining their role and impact. The modernization of the administration and its processes has begun but there is still a significant need for capacity-building in management based on principles of efficiency, transparency and accountability.

Key results and lessons learned from previous cooperation, 2002-2006

Key results

10. The strategic results of reducing IMR, U5MR and the maternal mortality ratio (MMR) by 15 per cent were achieved. Immunization coverage remains above 95 per cent and the routine immunization programme was strengthened by training of mid-level managers in all governorates. Training of mobile health teams contributed to the successful outreach to Badia areas for nomadic communities.

11. The "healthy villages" programme, under the coordination of the Ministry of Health, continued to serve as an entry point to structured, community-level interventions. Over 75 villages in the five northern governorates have joined the programme since 2002, receiving support in the areas of healthy lifestyles for adolescents, child-friendly homes and communities, women's empowerment and environmental health messages.

12. A national ECD strategy was developed, and the component involving community outreach workers was successfully implemented, reaching around 12,000 families in North and Eastern regions. Health education curricula were introduced in all primary schools.

13. A flour fortification pilot project was carried out in Salamiye, an area with a high rate of iron-deficiency anaemia, particularly among children and pregnant women. The technical expertise and capacity gained through this project will allow for its expansion at a national level and thus improve the nutritional status of children.

14. Advocacy and policy dialogue resulted in the extension of compulsory and free education up to the ninth grade (age 15 years).The development and implementation of a condensed curriculum by the Ministry of Education provided opportunities for female drop-outs to re-enrol and pursue their basic education. This provides additional support to such other preventive measures as the child-friendly school initiative.

15. Several policy and legislative initiatives stressed issues relevant to child protection. The minimum age for working children was raised to 15 years, the minimum legal age for marriage was raised to 17 years for girls and 18 years for boys, and a modest step was made in increasing the age of criminal accountability from 7 to 10 years. In 2005, a National Child Protection Plan was developed by government and non-governmental partners to create a functioning system to protect all children from violence, abuse, neglect and exploitation. A program to build the capacities of professionals working with children in conflict with the law was initiated for police, social workers and staff working in juvenile centres.

16. During the programme period, the Syrian Arab Republic ratified the two Optional Protocols to the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and International Labour Organization (ILO) Convention 182 on combating the worst forms of child labour. In 2005, the Republic's Grand Mufti and Ministry of Al Awqaf and Religious Affairs recommended that the country lift its reservations to the Convention on the Rights of the Child.

Lessons learned

17. The inclusive education project to enrol children with disabilities in school, conducted by the Ministry of Education with the support of international partners, helped to build experience on a concrete set of good practices that should lead to a gradual expansion of inclusive education in Syria. An evaluation conducted with the participation of all actors, including children, demonstrated that an important factor in its success is the involvement of parents and the community with the school. This shows the necessity to continue to develop linkages between schools, communities and civil society organizations (CSOs) so that the rights of these children and their families can be better fulfilled.

18. The experience initiated in 2004 in partnership with the national HIV/AIDS programme to prevent the spread of the disease among the most at-risk adolescents and youth, showed the effectiveness of setting stronger partnerships with NGOs. Building on the technical expertise of the Ministry of Health and the experiences of the Syrian Family Planning Association and the Syrian Red Crescent in mobilizing volunteers, the programme was able to reach this group through an innovative peer communication system. Confidential counselling and testing services could also be established for the first time in the country. Syria is participating in *the Unite for Children, Unite against AIDS* campaign, which will continue in the upcoming country programme.

19. Children were involved in promoting the Convention on the Rights of the Child by making recommendations to decisions makers on issues that affect their lives; writing and performing a play and producing over 100 drawings on the Convention; and expressing themselves on the internet and through stories about violence. Their contributions led to the realization by duty bearers of the need to mainstream effective and inclusive child participation in the development and implementation of projects.

The country programme, 2007-2011

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Child survival and development	1 000	150	1 150
Quality basic education	1 000	150	1 150
HIV prevention for adolescents	400	500	900
Child protection	620	250	870
Policy, advocacy and partnerships for children's rights	385	400	785
Cross-sectoral costs	1 200	—	1 200
Total	**4 605**	**1 450**	**6 055**

Preparation process

20. In April 2004, the Government and United Nations agencies agreed on a framework for developing the new United Nations Development Assistance Framework (UNDAF), which is closely linked to the Government's Tenth Five-Year Development Plan. UNICEF participated in the Common Country Assessment (CCA), providing data and technical analysis on indicators related to the Millennium Development Goals and ensuring that the CCA included an analysis of the child protection situation. The conclusions and recommendations of mid-term review of the UNICEF country programme, held in 2004, were also taken into account.

21. Following the adoption of the CCA, the Government and United Nations agencies agreed on five main areas of cooperation for the UNDAF: economic growth and sustainable livelihood; governance; basic social services; environment; and disaster management. The UNDAF was endorsed at a Joint Strategy Meeting in February 2006. UNICEF played a key role in the preparation of the UNDAF, ensuring a clear focus on children and use of human rights-based approach to programming. UNICEF also arranged training on this approach for all United Nations agencies and a manual is now being translated into Arabic to support future training of counterparts.

22. The UNICEF country programme for 2007-2011 is based on the UNDAF results framework, the Tenth National Five-Year Plan 2006–2010, national plans for child protection, ECD and youth that were developed in 2005, and the observations of the Committee on the Rights of the Child. Significant efforts were made to involve representatives of civil society, NGOs and young people in the development of the programme.

Goals, key results and strategies

23. The overall goal of the country programme is the progressive realization of children's rights to survival, development, education, participation and protection, with a particular focus on underserved areas and groups.

24. The expected key results of the country programme are: (a) IMR and U5MR reduced by 15 per cent, and MMR reduced by 20 per cent in Northern and Eastern governorates; (b) at national level, the prevalence of underweight and stunted children under five years of age reduced by 20 and 10 per cent respectively; (c) all children aged 6-15 years in targeted high drop-out areas (to be defined with the Ministry of Education and other partners) and other disadvantaged areas are enrolled in and complete quality basic education with an adequate level of learning achievement; (d) all basic education schools apply minimum standards of quality education; (e) at least 70 per cent of adolescents have correct knowledge of HIV prevention, and at least 45 per cent of the most at-risk adolescents have access to life-saving protective information, skills, and adolescent-friendly services for HIV prevention, care and support; (f) legislation, policies, systems and capacity are in place to protect children from violence, abuse and exploitation and to provide children deprived of primary caregivers an environment appropriate for their development; and (g) targeted social safety nets are set up to protect vulnerable children and women from deprivation and to ensure their access to basic social services.

25. The strategies to be implemented are: (a) to build the capacities of duty bearers at both national and local levels, particularly in the most disadvantaged areas, to ensure the realization of children's and women's rights; (b) to support CSOs involved in child welfare so they can participate more efficiently and fully in caring for the most vulnerable children; (c) advocacy, communication and social mobilization for catalyzing the process of socio-cultural change, focusing on disadvantaged communities, children and families; (d) to promote opportunities for children, women and CSOs to participate effectively in the development and implementation of public policies, planning and programmes; and (e) to coordinate with United Nations agencies and other donors to realize the potential for synergy between initiatives and approaches.

Relationship to national priorities and the UNDAF

26. The country programme will respond to national priorities as stated in the Tenth Five-Year Development Plan, including building capacities at decentralized and local levels, promoting participation of NGOs and community-based organizations (CBOs), reviewing the legal framework to protect children and women and promoting targeted social safety nets for vulnerable groups. The programme will aim at decreasing disparities in terms of access to and quality of health, education and other social services, with a focus on the Northern and Eastern regions of the country and other disadvantaged areas. In line with the UNICEF Core Commitments for Children in Emergencies, UNICEF will coordinate with national counterparts, the United Nations system and other international partners in emergency preparedness and response, including to avian influenza.

Relationship to international priorities

27. The programme has been developed to support achievement of the Millennium Development Goals and the commitments of *A World Fit for Children*, adopted by the General Assembly Special Session on Children. It is in line with the UNICEF medium-term strategic plan for 2006-2009, the Convention on the Elimination of all Forms of Discrimination against Women and the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS.

Programme components

28. The **child survival and development** programme will operate in target areas and at national level. In the target areas, it aims to develop high-impact health interventions for mothers and children to address neonatal mortality, domestic accidents, diarrhoea and acute respiratory infections. Continued support will be provided jointly with United Nations agencies to prevent and mitigate the effects of avian flu, particularly through communication for behavioural change.

29. The programme, which will focus on targeted underserved geographic areas where health indicators are low, will support the development and implementation of decentralized, outcome-driven health plans that address bottlenecks to improving children's health. The programme will seek community involvement for behavioural change, emphasizing improved hygiene, exclusive breastfeeding, prevention of accidents and overall better parenting. It will also support improving vaccination coverage in areas with low coverage rates.

30. At national level, the programme will support the formulation of policies that articulate child health issues within the larger framework of the national health policy and the sector reform. To reduce MMR, the programme will support improving the emergency obstetric care capacities of hospitals. Drawing on lessons learned from a successful flour fortification project in Salameyeh, a larger-scale national flour fortification project will be initiated, with the goal of having all families consuming iron- and vitamin-fortified flour and to improve children's general nutrition status.

31. The Ministry of Health will be the main partner. Others will include the United Nations Population Fund (UNFPA), the World Health Organization (WHO), NGOs and CBOs, which will play an important role at local level in reaching the targets.

32. The expected results of the **quality basic education** programme are that by 2011, all schools in the target areas will have teachers with the knowledge and skills to promote an inclusive school environment, as well as effective forums for community participation. In areas where young children's learning capacities are affected by poor nutrition, a meal service will be functioning. This project will be implemented in collaboration with the World Food Programme (WFP). A Syrian model for child-friendly schools, based on effective participation of children in all aspects of the school's life, will be developed and tested during the next five years.

33. To achieve these results, the programme will focus on geographic areas with high drop-out rates. In order to foster participatory learning and improve the overall learning environment, training opportunities will be provided to teachers, social workers and headmasters. Parents will be more closely associated with school management through community committees. To help girls stay in school, support will be given to local initiatives including social mobilization, improving the physical condition of schools and developing extracurricular activities. At the national level, the programme will promote a new monitoring system and encourage the development of new improved standards based on the child-friendly schools experience in the Syrian Arab Republic.

34. The main partners will be the Ministry of Education, other government ministries, the Women's General Union, NGOs, local communities, the private education sector and international donors, as well as the United Nations Educational, Scientific and Cultural Organization and WFP.

35. The **HIV prevention for adolescents** programme will strive to reduce adolescents' vulnerabilities to HIV/AIDS. By 2011, appropriate information on HIV/AIDS and services for voluntary and confidential testing and counselling will be provided in 8 of 14 governorates, reaching 30 per cent of the most vulnerable adolescents in these areas. The availability of reproductive and sexual health education, with a special focus on preventing HIV/AIDS and sexually-transmitted infections among adolescents, will be ensured by targeted advocacy campaigns. The programme will also support the implementation of the national HIV/AIDS strategies through life-skills-based education by working with the most vulnerable groups of adolescents and youth. A central part of the strategy will be to build capacities to deliver youth-friendly services by incorporating a peer educator network. Behavioural change and rights-based approaches will be promoted through alliances with CBOs and community leaders, including religious leaders, in order to reach vulnerable and high-risk adolescents.

36. This component will be implemented with the national HIV/AIDS committee, headed by the Ministry of Health and consisting of relevant governmental institutions and NGOs, in close partnership with UNFPA and WHO. NGOs such as the Syrian Family Planning Association and Syrian Red Crescent will be the main implementers for outreach and voluntary and confidential counselling and testing centres.

37. This programme is expected to be essentially funded with other resources. The Syrian Arab Republic has a national commitment and a good track record in terms of pioneering new approaches in the region, and it is expected this will result in successful linkages with global initiatives.

38. The goal of the **child protection** programme will be to build a protective environment for children through the development of knowledge, legislation, systems and capacities of the Government and civil society. The programme will focus on three areas (a) child abuse, neglect, violence and exploitation; (b) children in conflict with the law; and (c) children deprived of primary caregivers. Knowledge and information systems about these areas will be developed and updated regularly. Information and analysis will be disseminated to support the legislative reform process and identify capacity gaps. Monitoring systems will be developed for child protection programmes. A comprehensive legal framework will be established, supported by quality research and analysis. Adapted training programmes will be designed and implemented to address gaps identified through capacity analysis by partners.

39. To ensure that comprehensive solutions and reforms are formulated and enacted, the programme will seek extensive participation from children and women ("claim holders") as well as coordination among all those responsible for ensuring children's rights ("duty bearers"). Concrete measures will be supported to strengthen the knowledge base on violence, abuse, neglect and exploitation of children and to disseminate this information to decision makers and the public. In support of the legal framework and system reform, the programme will provide technical support, expertise and concrete opportunities for practitioners to build knowledge from other countries both in and outside the region.

40. Essential partners will be the Syrian Commission for Family Affairs, the Ministry of Social Affairs and Labour, the Ministry of Justice, ILO, the United Nations Development Programme (UNDP), NGOs and such CBOs as SOS Children's Village, Syrian Red Crescent and Movimondo.

41. About one third of all funds needed for this programme will be other resources. Several bilateral donors have expressed renewed interest in funding this component and the increased involvement of the private sector is also envisaged.

42. The **policy, advocacy and partnerships for children's rights** programme aims at building a strong knowledge base in support of decision-making, through research programmes focused on children and women's rights that will provide data disaggregated by geographic location and gender, and quality social and economical analysis. Functioning systems will be put in place for participation of civil society, children and adolescents in the development of public policies, planning and programmes.

43. The programme will help to strengthen the capacities of partners to ensure quality data collection and social and economical analysis by supporting studies and

providing technical assistance. It will assist relevant government institutions and NGOs in monitoring progress towards the Millennium Development Goals and other international commitments such as the Convention on the Right of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. Through support to civil society and the creation of opportunities for policy dialogue, the programme will make sure that people's voices are heard in the decision-making process. To achieve this goal, inclusive and participatory systems will be put in place, focusing on children and adolescents. The State Planning Commission, the Syrian Commission for Family Affairs and the Central Bureau of Statistics will be the main government partners. UNDP, research institutes, NGOs and CBOs will also play a role in this programme.

44. **Cross-sectoral costs** will cover staff salaries and entitlements and other recurrent costs such as office rent, information technology, telecommunications and security costs.

Major partnerships

45. In order to achieve the UNDAF outcomes, cooperation will continue with United Nations agencies, particularly the Food and Agricultural Organization of the United Nations, UNDP, UNFPA, WFP and WHO, leading to joint programmes whenever feasible. UNICEF will also coordinate with and seek the involvement of international development partners present in the Syrian Arab Republic.

46. UNICEF will work closely with the Syrian Government, in particular the State Planning Commission, Ministry of Health, Ministry of Education, Ministry of Social Affairs and Labour, Ministry of Information, Ministry of Justice, Ministry of Interior, Ministry of Local Administration, Ministry of Al Awqaf and Religious Affairs, Ministry of Culture, the Syrian Commission for Family Affairs and the Central Bureau of Statistics.

47. The country programme will engage in partnerships at three levels. First, grass-roots interaction with local communities, NGOs, CBOs, and unions is a key strategy integrated in each programme component. This will assist in identifying gaps and opportunities, monitoring progress and ensuring ownership and sustainability. The second level is civil society, including NGOs, young people, media, academia and the private sector, as key stake holders in the context of social transformation processes and in developing innovations and strengthening social safety nets. It is particularly important to enhance the capacities and participation of these groups for analysis, design and implementation of interventions. The last level is government partners that work with children's issues, with the State Planning Commission as the main coordinator to follow up planning and implementation and the Syrian Commission for Family Affairs as a major advocate and coordinator with oversight functions for child rights. The focus will be on capacity-building in child rights, programme management and reporting. Monitoring the situation of children and women and disseminating this information will be an ongoing process involving all partners. To strengthen partnerships and ensure ownership, the programme will also endeavour to introduce innovative participatory processes that facilitate building consensus on strategies for change.

Monitoring, evaluation and programme management

48. The key indicators for tracking progress towards the goals of the country programme include children's vaccination rates; the percentage of exclusive breastfeeding up to age six months; the utilization rate of maternal health services; school drop-out rates; the percentage of the most vulnerable adolescents provided with information, skills and services to improve their life skills and reduce their vulnerability to HIV/AIDS; and the percentage of staff familiar with appropriate treatment of children in conflict with the law, as well as number of laws and policies taking into account studies and research on children and women. A five-year integrated monitoring and evaluation plan will be developed to outline monitoring systems, evaluation and research plans for the country programme. Monitoring and evaluation will be sustained through regular field visits, annual reviews and specific sectoral evaluations.

49. Regarding the UNDAF, the respective taskforces will ensure regular monitoring of programmes and that joint evaluations are conducted. The results will be shared by all partners and taken into account at annual reviews. *DevInfo* will be used to monitor the results of the UNDAF and the country programme, as well as overall progress towards the Millennium Development Goals. At least one yearly joint monitoring visit is proposed to follow up the progress of the UNDAF at a local level. Decentralized monitoring will also be conducted by such partners as local planning offices and NGOs. An UNDAF evaluation will take place in 2010 to feed into the planning process of the subsequent cycle. Within UNICEF, recommendations and lessons learned from all evaluations will be shared with all concerned partners and followed up by the country management team.

50. The State Planning Commission is the main national body for coordinating the implementation of the UNDAF and will, together with the Central Bureau of Statistic, ensure follow up on national monitoring initiatives such as reporting on the Millennium Development Goals (a database will be established in 2006 for this purpose) in collaboration with the UNDAF technical committee. The Central Bureau of Statistics will be strengthened and two "observatories" will be established, on poverty and on competitiveness.